



JFW

Attorney's Docket No.: 42P16421

Patent

In re the Application of: Vincent J. Zimmer et al.
(inventor(s))

Application No.: 10/607,678

Filed: June 26, 2003

For: METHOD AND SYSTEM TO SUPPORT NETWORK PORT AUTHENTICATION
FROM OUT-OF-BAND FIRMWARE
(title)

Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is a Response for the above application.

 Applicant claims small entity status. See 37 CFR 1.27.

XX No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amd.		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total Claims	* 30	Minus	** 30	0	X25	\$	X50	\$ 0
Indep. Claims	* 6	Minus	*** 6	0	X100	\$	X200	\$ 0
<div><input type="checkbox"/></div> First Presentation of Multiple Dependent Claim(s)					+180	\$	+360	\$
					Total Add. Fee	\$	Total Add. Fee	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Certificate of Mailing: I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on September 14, 2007
Date of Deposit

Elizabeth J. Martinez
Name of Person Mailing Correspondence

Elizabeth J. Martinez
Signature

09-14-07
Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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Patent and Trademark Office is hereby authorized to charge payment of the following fees associated
with this communication or credit any overpayment to Deposit Account No. 02-2666 **(a duplicate copy
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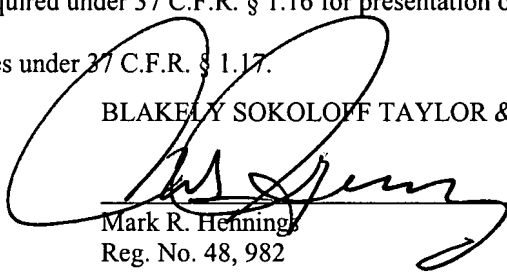
X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

X Any extension or petition fees under 37 C.F.R. § 1.17.

Date:

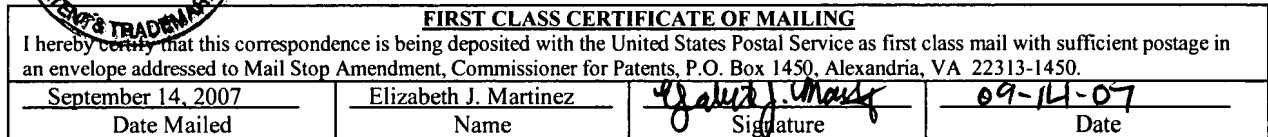
Sept 14, 2007

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Patent

In re Application of:

Examiner: Covington, Jonathan H

Application No.: 10/607,678

Art Unit: 2109

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NETWORK PORT AUTHENTICATION
FROM OUT-OF-BAND FIRMWARE

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

RESPONSE UNDER 37 C.F.R. §1.111

Sir/Madam:

In response to the Office Action mailed June 14, 2007, Applicants respectfully request the Examiner to consider the following remarks.